



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TX040380

NMED Inspection Required No Yes, Call

for Appointment

Date NMED Received: TX040380

SYSTEM OWNER'S NAME: Lee, First MI

Home Phone:

Business Phone:

MAILING ADDRESS: Street/PO Box, City, State, Zip Code

228 St Francis Drive Bldg C Santa Fe NM 87501

SYSTEM LOCATION: Street Address/Location - give directions to site

County: Tano

SUBDIVISION

Hydro Huff Ranch

Block 12

Lot 9

UNIFORM PROPERTY CODE

TOWNSHIP

25

RANGE

12E

SECTION

31

QTR

QTR

QTR

LATITUDE

LONGITUDE

INSTALLER'S NAME & FIRM:

ATZ Handy Pumps

PHONE: 751-5919

MAILING ADDRESS: Street/PO Box, City, State, Zip Code

PO Box 422 Durango NM 87513

CID License No / Certification

NM-1

MM-98

MS-1

Homeowner

I. PERMIT APPLICATION (Instructions on back of pink copy)

A. Proposed Liquid Waste System is for:

New construction

Replacement of an existing system

Modification to an existing system

B. Manufactured Housing (mobile)

Yes No

C. Proposed System is:

Conventional

Mound

Other, Describe: in place Holding Tank

II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)

A. Proposed liquid waste system use and design flow:

Single family residence with 4 no. of bedrooms

Multiple family units: no. of units: no. bedrooms per unit

Flow sizing units: gpd

Other (type) Flow sizing units: gpd

B. Are there other sewage sources on this property? Yes X No

TOTAL WASTEWATER FLOW ON PROPERTY - 450 gpd

III. SITE INFORMATION

A. Lot Size: 3 Acres (nearest 0.01 acre)

Date of Record: (Plat Date or Subdivision Date)

NMED retain white copy

B. Depth from Ground Surface to:

Seasonal High Water Table

Bedrock, Caliche, Tight Clay

Gravel, Cobbles, Highly permeable soil

150 feet

3 feet

5 feet

C. Soil Description: (NMED may require both texture description and percolation rate)

Texture:

Coarse sand or gravel: (give percolation rate below)

Sand: (give percolation rate below) Fine Sand

Sandy Loam: Loam: Silty Loam:

Clay Loam: Clay:

Other: (describe)

Soil Percolation Rate: 7.8 min/inch (attach percolation test record)

D. Domestic Water Source:

Private

On-site Public Shared

Irrigation Well or Flood Irrigated Area on the lot: Yes

IV. SYSTEM DESIGN

A. Treatment Unit:

Septic Tank

Manufacturer: Silvane Capacity: 1200 Gallons

Other (specify):

B. Disposal System:

Evapotranspiration

Materials: Pipe and gravel

Trench

Bed

Seepage Pit

Mound

Gravelless (specify) in place

C. Minimum required absorption area 397 square feet

Trench or Bed width f. Gravel depth below distribution pipe f.

Total Trench or Bed length f. Number of trenches:

Number of gravelless units 14

D. Depth from ground surface to bottom of absorption area f.

RECEIVED 4002 & 130 ENVIRONMENTAL DISTRICT 1111 FIELD OFFICE

071504

V. SITE PLAN: Diagram the lot and liquid waste system. Show setbacks to the objects listed below within 200 feet of system and the direction of groundwater flow. Give distances from:

Treatment Unit to: _____ Disposal System to: _____

35	ft.	Property line	40	ft.
190	ft.	Property line	200	ft.
10	ft.	Buildings	20	ft.
0	ft.	Structures	0	ft.
120	ft.	Wells	120	ft.
0	ft.	Irrigation	0	ft.
200	ft.	Arroyos	200	ft.
340	ft.	Surface water	340	ft.

Attached site Plan

VI. The foregoing information is correct and true to the best of my knowledge. I understand that the issuing of this permit does not relieve me from the responsibility of complying with all applicable provisions of the New Mexico Plumbing Code and the New Mexico Liquid Waste Disposal Regulations. Obtaining this permit does not relieve me from the responsibility of obtaining any permit required by state, city or county regulation or ordinance or other requirements of state or federal law.

Signature: [Signature] Date: 12-25-04

Owner: Contractor _____ Other _____

VII. NMED PERMIT A permit for construction of the liquid waste disposal system described herein is hereby:

Granted _____ Granted subject to conditions _____ Denied _____
 _____ Conditions _____ Reasons for Denial: _____

will need inspection before cover-up.

[Signature] Oct 22, 2004

NMED Representative [Signature] Date 10/22/04

NOTE: This permit may be canceled for failure to meet any condition specified; failure to complete the system within one year; for providing inaccurate or incomplete information; or for failure to notify NMED that the system is completed. If you have questions call: _____

NMED Inspection History NMED Representative Date

Alt 678885 _____

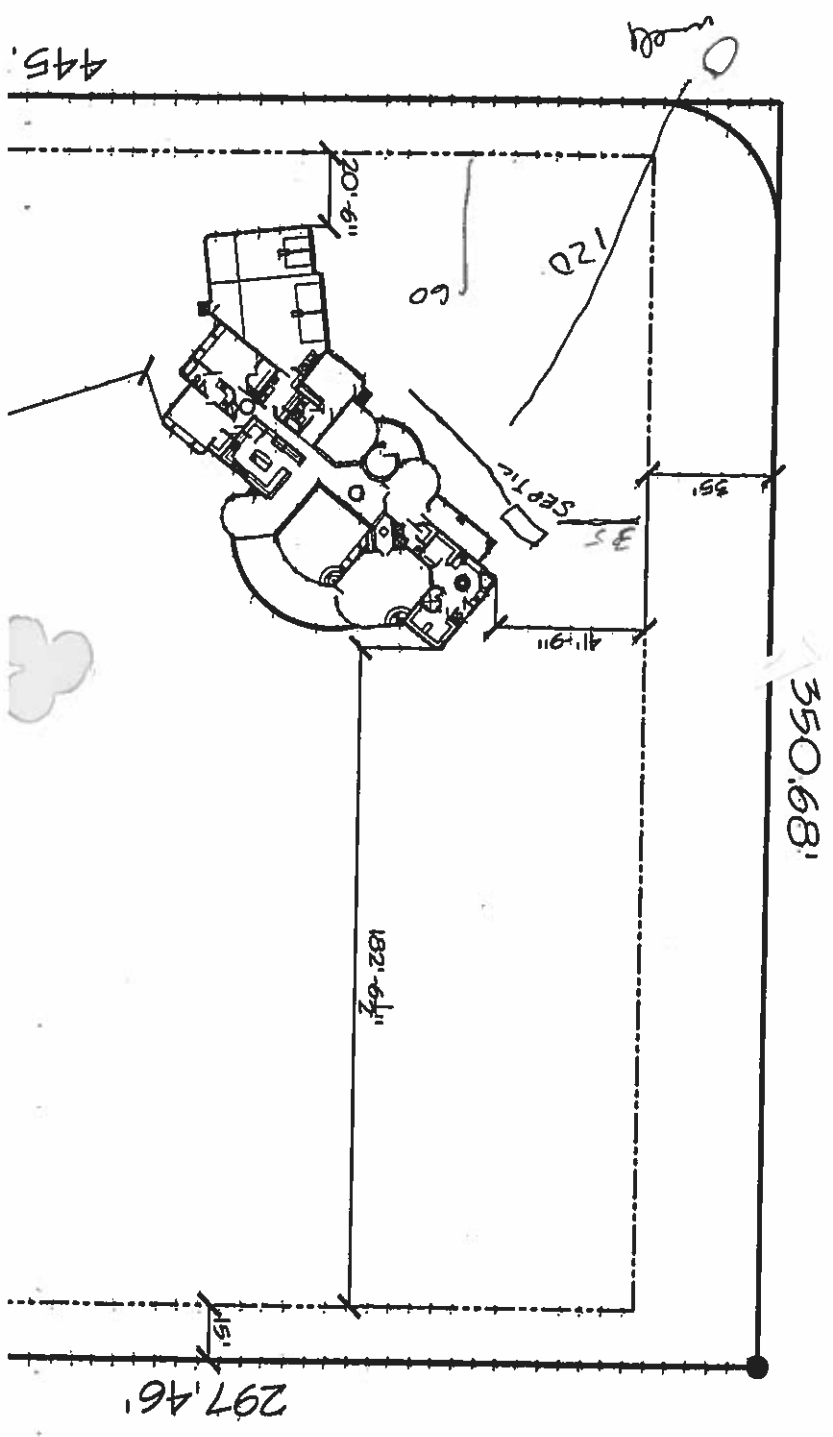
N36021.052 _____

W05041.778 _____

OK to cover-up Oct 29, 2004

VIII. NMED FINAL APPROVAL: The system described above was _____ was not inspected.

[Signature] NMED Representative Date Oct 29, 2004



445.

297.46'

350.68'

132.64'

41.91'

20.61'

120'

60'

35'

SEPTIC

0

15'